



Santa Barbara County Sheriff-Coroner

Bill Brown, Sheriff-Coroner

Coroner's Bureau

66 South San Antonio Road

Santa Barbara, CA 93110

(805) 681-4145

AUTOPSY REPORT

Decedent: **RODGER, Elliot**

Coroner Case No.: **14-07606**

Date of Autopsy: Thursday, May 29, 2014

Age: 22 years

Time of Autopsy: 0910 hours

Sex: Male

Site of Autopsy: Coroner's Bureau

Length: 69 inches

Santa Barbara, California

Weight: 124 pounds

Coroner's Investigator: Detective Michael Carlson

Pathologist: Robert M. Anthony, M.D.-Ph.D.

EXTERNAL DESCRIPTION

The decedent is a normally developed, underweight adult, a phenotypic Caucasian male with Asian features, whose appearance is commensurate with the stated age. The body is received unclothed. On the body bag containing the remains is a Coroner's tag in the name of the decedent. There is 4+ rigor mortis present in the jaws, neck, back, and extremities. A small amount of fixed purple livor mortis is present over the posterior aspects of the body surfaces. The body is cold to palpation.

The decedent appears normocephalic despite gunshot trauma of the head, which will be described in detail below. On the scalp is a moderate amount of straight dark-brown hair, approximately 2 - 3 inches in maximum length. Above the left eye in the forehead region is bruising and abrasion which is discontinuous in nature and superficial and covers an area 3 inches horizontally by 2-1/2 inches vertically. Present in the left upper eyelid is an irregular, superficial abrasion that is approximately 1-1/2 inches by 1/8 inch in maximum dimensions. The irides are brown, and the pupils measure 3 millimeters on the left and 4 millimeters on the right. The sclerae are white without evidence of hemorrhage, injection, or icterus. No conjunctival petechiae are noted. The ears are symmetrical with hemorrhage noted in both external auditory canals. Along the central bridge of the nose is a region of superficial abrasion measuring 3/4 x 3/8 inch in overall dimensions. The nose is symmetrical with hemorrhage present in both nostrils. The bones of the forehead, nose, cheeks, and jaw are intact to palpation. The face appears cleanly shaven. The native teeth are present and appear in good condition. There are no obstructing materials or lesions present in the anterior mouth.

The neck is symmetrical without evidence of scars, masses, or trauma. The chest is symmetrical and intact to external compression. There are no scars, masses, or trauma noted. The ribs are slightly prominent. The abdomen is scaphoid without evidence of scars, masses, or trauma. There is slight green discoloration above the pelvic brim bilaterally. There is a normal adult distribution of pubic

hair present. The penis appears uncircumcised. Both testes are descended and palpable in the scrotum. There is mild postmortem drying artifact of the scrotum. The anus appears atraumatic.

The lower extremities are thin and without evidence of pretibial or pedal edema. The toenails are thin and translucent. The soles of the feet are minimally callused. There are occasional nondescript scars on the bilateral knees and shins. Over the left hip is a region of abrasion and bruising consistent with a grazing gunshot wound, which will be described in detail below. No other significant acute traumatic injuries are noted about the lower extremities.

The upper extremities are normally formed with the usual number of digits present bilaterally. There is black ink present on all finger pads bilaterally. The fingernails are short and intact. There is mild cyanosis of the nail beds. No clubbing of the fingertips is noted. No significant trauma is noted about the dorsal or palmar aspects of the right hand. There is superficial abrasion about the left wrist which is discontinuous and covers a region approximately 1-1/2 x 3/4 inch in maximum dimensions. Superficial abrasion about left elbow measures 1/2 x 1/8 inch in greatest dimensions. There is superficial abrasion about the right elbow measuring 1/2 inch in diameter. There are no scars, tattoos, needle tracks, or other identifying marks noted bilaterally about the upper extremities.

The posterior torso appears grossly unremarkable.

THERAPEUTIC INTERVENTION

There are no signs of acute therapeutic intervention on any of the external body surfaces.

TRAUMA

Sharp-force Trauma:

Present on the tip of the left thumb is a thin incision involving the dermis. This cut is noted to be relatively bloodless. It is 3/16 inch in length and gapes to 1/16 inch in width.

Gunshot Trauma:

Gunshot Wound No. 1: There are gunshot defects above the right and left ears.

Entrance: Present within the bloodsoaked hair on the right side of the scalp above the right ear is an entrance wound with brain matter exuding from the depths of the wound proper. This defect is centered 3-1/2 inches down from the top of the head and 6-1/2 inches to the right of the anterior midline. The defect appears as a large, gaping laceration measuring 1 inch in length by 5/8 inch in width. There are micro- and macro lacerations around this wound measuring up to 1/4 inch in length. The wound margins are irregular with mild drying artifact. No satellite injuries

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are noted. Around this entrance wound is undertunneling extending up to 2 inches in diameter as well as mild superficial bruising.

Exit: Present above the left ear is an exit gunshot defect. This injury is centered 3-1/2 inches down from the top of the head and 6-1/2 inches to the left of the midline. The wound is irregularly circular and measures 1/2 inch in diameter. There are small lacerations, up to 1/8 inch, extending symmetrically around this defect. There is slight abrasion of the epidermis on the skin tags comprising the edges of this wound. No gunpowder residue is noted on the surface of the skin surrounding the exit defect. Undertunneling around the exit wound can be appreciated up to a distance of 1-1/4 inches. No satellite injuries are noted.

Wound Track: The wound track passes through the skin and subcutaneous soft tissues. There is a ring of black carbonaceous sooty material extending approximately 3/16 inch in width symmetrically around the entrance defect on the outer table of the skull. This injury causes an inwardly beveled defect through the calvaria in the right temporal region. The wound track then passes into the right parietal lobe of the brain where a large cavitory defect, on the order of 8 centimeters in diameter, can be appreciated within the cerebrum. Massive hemorrhaging is noted. Massive disruption of the entire right and left parietal lobes of the brain is noted. The wound track continues through the skull on the left where a minimally outwardly bevel defect is noted in a region of intense fracturing. The wound track then exits the head, and no projectile is recovered.

Summary: This is a contact-range gunshot wound of the right temple with secondary destruction of the right and left cerebral hemispheres. No projectile is recovered. The basic trajectory through the head is right toward left in a horizontal fashion without deviation anteriorly or posteriorly.

Gunshot Wound No. 2:

Present on the anterior-upper left thigh just below the pelvic brim is a grazing gunshot wound. This defect is centered 31 inches down from the top of the head and 6 inches to the left of the anterior midline. The abrasion on the surface of the skin measures 5/8 inch in length by up to 3/8 inch in width, passing obliquely at an approximate 30-degree angle across the skin of this region. Noted about this defect is surrounding bruising up to 1 inch in diameter. No directionality can be readily established for this grazing gunshot wound, which causes epidermal injury only.

INTERNAL EXAMINATION

PRIMARY INCISION AND BODY CAVITIES: The body is opened with the usual Y-shaped thoracoabdominal incision. There is no evidence of hemorrhage or contusion in the anterior muscles or soft tissues of the chest or abdomen. The sternum and ribs of the anterior chest are intact; and upon incision, there is no evidence of pneumothorax. There are no adhesions or unusual fluid accumulations involving the pleural spaces, pericardium, or peritoneum. The internal organs

demonstrate normal anatomic relationships. None of the internal organs appear to have been surgically removed in the past. The serosal surfaces are smooth and glistening. The abdominal fat at the level of the umbilicus measures 1/2 inch in thickness.

ORGAN DESCRIPTION

NECK ORGANS: There is no evidence of hemorrhage or contusion in the anterior muscles or soft tissues of the neck. The hyoid bone is intact without evidence of hemorrhage. The thyroid is bilobed and not nodular. There are no obstructing materials or lesions present in the epiglottis or larynx. The carotid sheaths and anterior cervical spine appear grossly unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 300 grams. There is a small amount of smooth and glistening fat present on the epicardium. There is a right-dominant coronary artery system without evidence of significant atheromatous disease in any of the major epicardial coronary arteries. The heart valves appear normally formed with delicate leaflets. No vegetations are noted on any of the heart valves. The coronary ostia are patent. The chambers are not dilated. There are no myocardial scars or other focal lesions noted. The left ventricular wall measures 12 millimeters in maximal thickness, the interventricular septum is 16 millimeters in maximal thickness, and the right ventricular wall is 5 millimeters in maximal thickness. The great vessels are normally related. The aorta and its major branches are intact and otherwise grossly unremarkable.

PULMONARY SYSTEM: The right lung weighs 500 grams. The left lung weighs 290 grams. Both lungs are similar in appearance. The pleural surfaces are smooth and glistening without evidence of apical bullae. There is minimal subpleural anthracosis noted. Sectioning of the lungs reveals mild congestion and edema. There is no evidence of consolidation, abscess, infarction, neoplasm, or pulmonary embolus.

GASTROINTESTINAL TRACT: The GI tract appears intact throughout its length. The mucosa of the esophagus is intact and otherwise grossly unremarkable. The stomach has a normal rugal pattern. The stomach contains 30 grams of tan-brown fluid. No residuals of medication or ethanol-like odor is noted. No hemorrhages, ulcerations, or mass lesions are encountered. The appendix is present and not inflamed. The large and small intestines and their contents are grossly unremarkable.

HEPATOBIILIARY SYSTEM: The liver weighs 1280 grams. The capsule is smooth and intact. The hepatic parenchyma is light red-brown in color. There is no evidence of fibrosis or focal lesions. The gallbladder contains an estimated 1 cubic centimeter of bile. There is no evidence of stone formation. The gallbladder mucosa is unremarkable. The extrahepatic biliary system appears patent.

PANCREAS: The pancreas is tan-brown, lobulated, and of the usual configuration. There is no evidence of necrosis, hemorrhage, calcification, or fibrosis noted.

HEMATOPOIETIC SYSTEM: The spleen weighs 110 grams. The capsule is gray, wrinkled, and

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intact. The splenic substance is dark red in color without evidence of fibrosis or focal lesions. There is good development of both red and white pulp. There is no evidence of cervical, mediastinal, or peritoneal lymphadenopathy.

GENITOURINARY SYSTEM: The right kidney weighs 120 grams. The left kidney weighs 110 grams. Both kidneys are similar in appearance. The cortical surfaces are smooth, and the capsules strip with ease. The renal architecture is intact without mass lesions noted. The collecting systems are patent and not dilated. The blood vessels appear unremarkable. The bladder contains an estimated 1 ounce of yellow urine. The bladder mucosa is unremarkable. The prostate is grossly unremarkable.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable without evidence of hemorrhage or masses.

SKELETAL SYSTEM: There is an entrance gunshot wound of the head with massive fracturing of the skull resultant. Basilar fractures of the skull are also present. The remainder of the axial and appendicular skeleton is without gross evidence of fracture.

CENTRAL NERVOUS SYSTEM: The scalp is reflected to reveal prominent subgaleal hemorrhage surrounding the entrance and exit gunshot wounds. The underlying calvaria is prominently fractured. Upon removal of the calvaria, there is a thin film of subdural hemorrhage noted.

The brain weighs 1550 grams. The meninges are clear and glistening. The cerebral gyral pattern is fully developed. The external configuration of the brainstem and cerebellum is grossly unremarkable. There is prominent subarachnoid hemorrhage noted throughout the cerebrum. There is a large cavitory wound track through the brain with massive disruption of both cerebral hemispheres. The cranial nerves appear intact and otherwise grossly unremarkable. The arteries at the base of the brain appear intact and otherwise grossly unremarkable. There is no evidence of edema or herniation.

Multiple coronal sections of the cerebral hemispheres reveal undilated ventricles containing massively hemorrhagic cerebrospinal fluid. There is prominent disruption of both cerebral hemispheres with a large wound track passing horizontally through the brain. Both parietal lobes of the brain are massively disrupted secondary to passage of the projectile. No mass lesions are encountered. Multiple sections of the brainstem and cerebellum reveal diffuse subarachnoid hemorrhage but no anatomic abnormalities or focal lesions. The dura is stripped and reveals prominent fracturing of the base of the skull radiating into the middle ear bilaterally.

<u>SPECIMENS FOR TOXICOLOGY</u>	Femoral blood, heart blood, urine, vitreous humor, and gastric content.
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<u>TISSUES FOR PATHOLOGY</u>	Representative portions of the major organs are retained.
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ASSISTANTS

John A. Kolbert and Michael Carlson

WITNESSES

Detectives Hansen, CID Joe Schmidt, and Kevin Huddle
of the Santa Barbara Sheriff's Department

MATERIALS FOR CRIME LAB

Blood for typing.

PHOTOGRAPHS

Detective Hansen

DIAGRAMS

Dr. Anthony

MICROSCOPIC DESCRIPTION

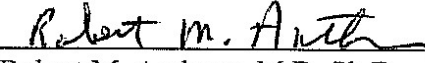
Sections of the major organs examined confirm the gross pathologic findings.

PATHOLOGIC DIAGNOSES

- I. Contact gunshot wound of right temple with secondary destruction of cerebrum.
 - A. Multiple fractures of skull.
 - B. No projectile recovered.
- II. Grazing gunshot wound of left upper leg.
 - A. No projectile recovered.
- III. Superficial blunt-force trauma of face.
- IV. History of nonspecific psychiatric disorder.
 - A. Above condition treated with prescription medication.
 - B. See postmortem toxicology report.

CAUSE OF DEATH

GUNSHOT WOUND OF HEAD (CONTACT TYPE).

 impr 6-26-14
Robert M. Anthony, M.D.-Ph.D.
Forensic Pathologist

RMA:esa

D: 05-29-14

T: 05-29-14

GUNSHOT WOUND CHART

14 - 7606

Name ROOGER ELLIOT

City or County SANTA BARBARA

		WOUND NO.											
		1		2		3		4		5		6	
		Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.
1. Location of wound:	Head	X	X										
	Neck												
	Chest												
	Abdomen												
	Back												
	Right Arm <												
	Left Arm <												
	Right Leg <												
	Left Leg <												
	2. Size of wound:	Diam.		1/2"									
Width		5/8"		3/8"									
Length		1"		5/8"									
3. Inches from wound to:	Top of head	1 1/2"	3 1/2"	3 1"									
	Right of midline	6 1/2"											
	Left of midline		6 1/2"	6"									
4. Powder burns:	On skin												
	Clothing												
	Absent	X	X	X									
5. Direction of bullet through body:	Backward												
	Forward												
	Downward												
	Upward												
	To right	X											
	To left												
6. Bullet found:	Calibre	—		—									
	Shotgun												

Photographs made: Yes X No _____

X-rays made: Yes X No _____

REMARKS:

Examined by: R M Aitch mehs

Date: 5-29-14



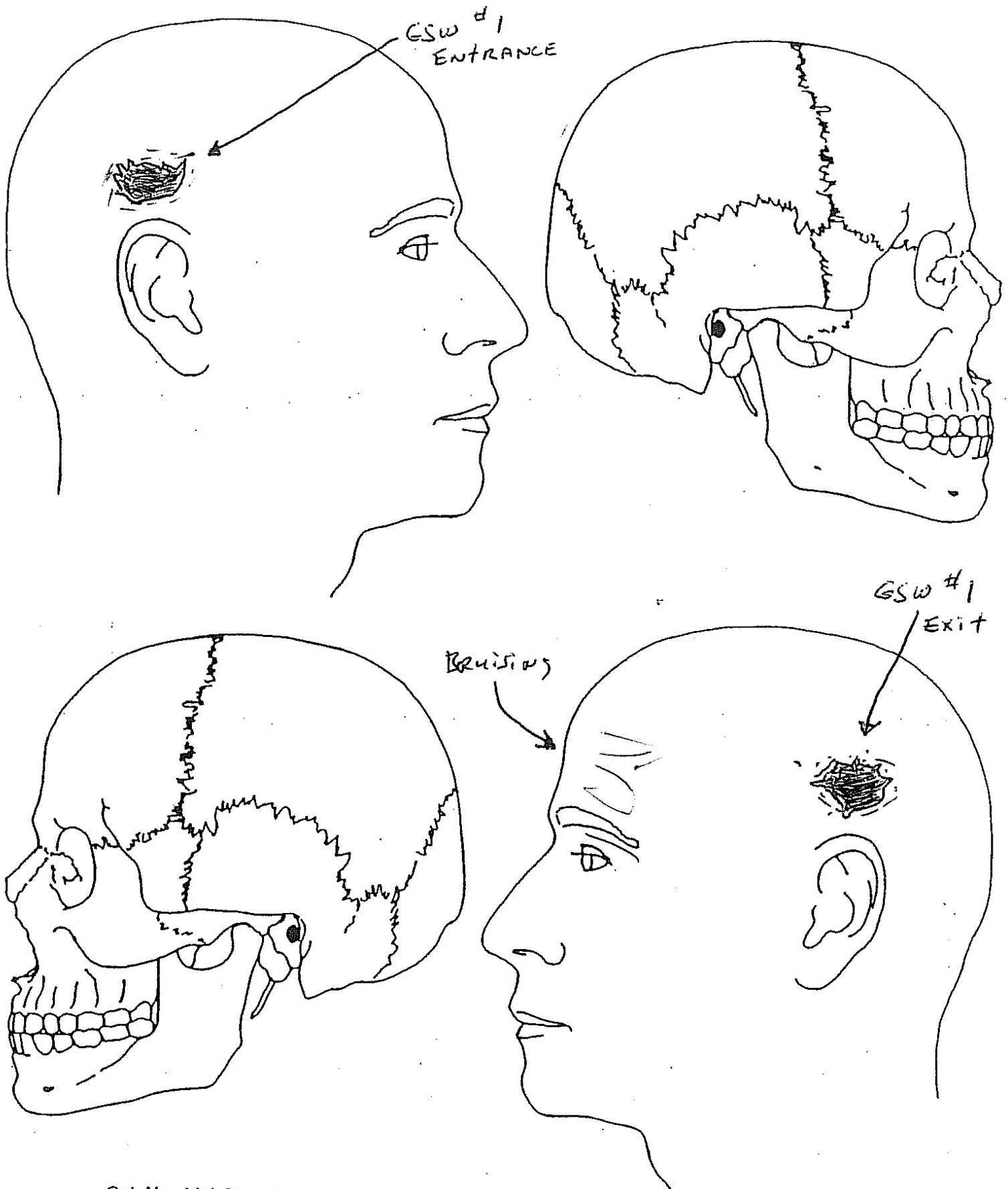
Head, surface and skeletal anatomy, lateral view.

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Autopsy No. 14-7606

Age 22 Race CAUC Sex male

Date 5/29/14



Full body, male, anterior and posterior views (ventral and dorsal).

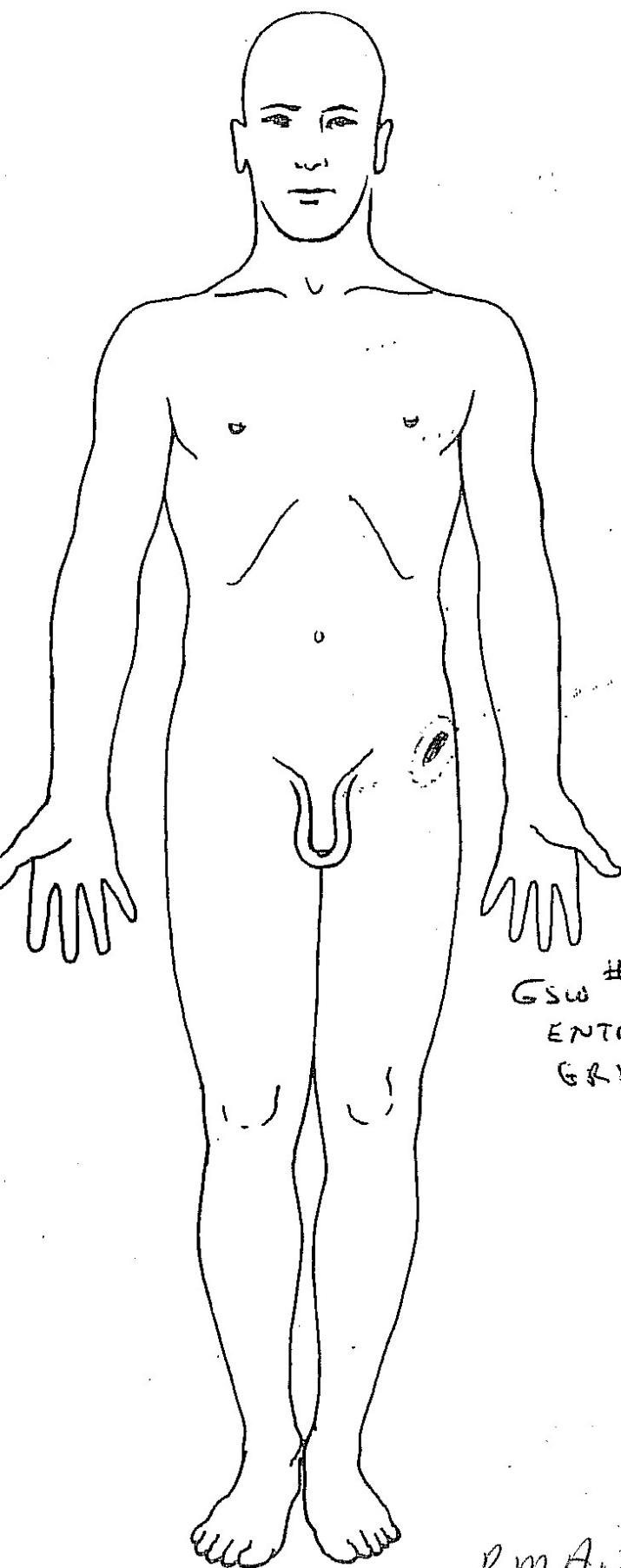


Name RODGER, ELLIOT

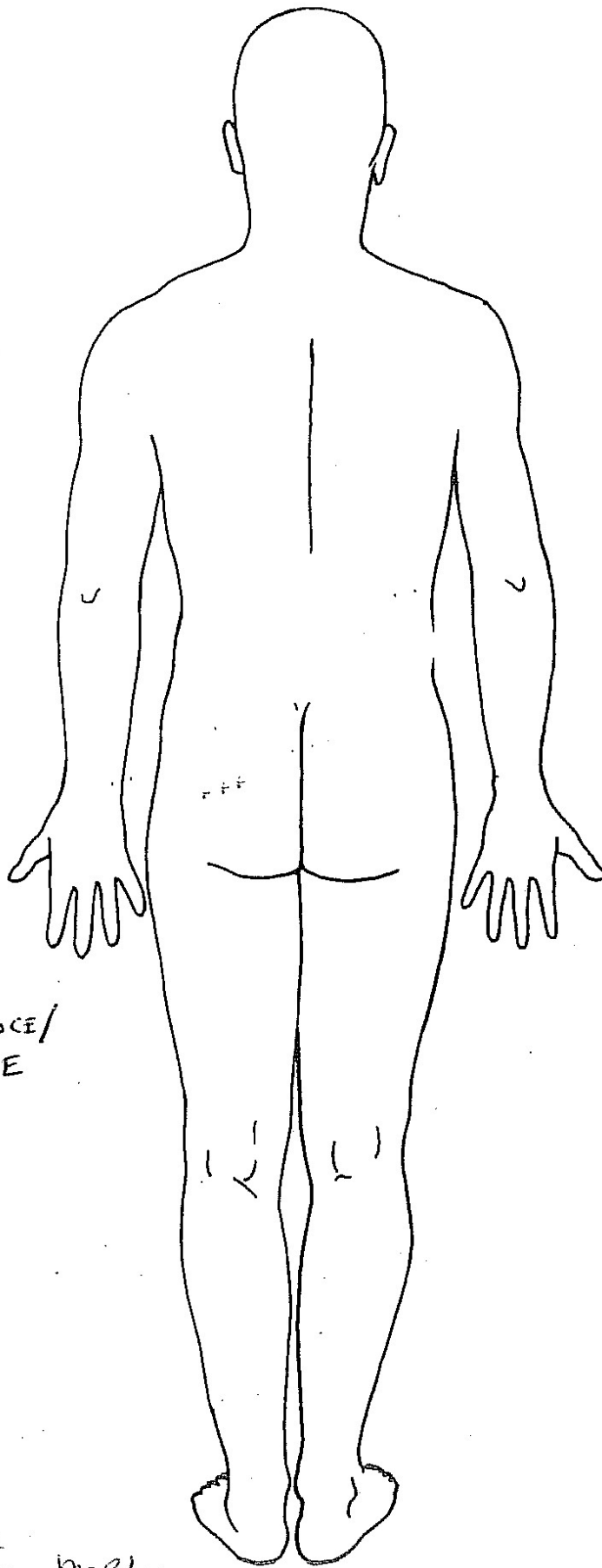
Autopsy No. 14-7606

Age 22 Race CAUC Sex MALE

Date 5/29/14



Gsw #2
ENTRANCE/
GRAZE



Rm Anth msh